

In the Claims:

This listing of claims will replace all prior versions and listings of claims in the application.

1. (Currently Amended) A method for processing medical information, comprising the steps of:

receiving a medical claim from a health care provider which is to be submitted to a target payer;

automatically classifying the medical claim using ~~a classification model~~ a set of one or more trained classifiers that each of which is trained by a training system using one or more machine learning techniques to predict a disposition of the claim by the target payer using training data that includes previously submitted claims and corresponding outcomes; and

directing the medical claim for further processing based on a classification of the medical claim,

wherein the steps of receiving, classifying and directing are performed by a claims analysis system.

2. (Original) The method of claim 1, wherein the step of automatically classifying the medical claim comprises determining a probability of the medical claim being accepted or rejected by the target payer.

3. (Original) The method of claim 1, wherein the step of automatically classifying the medical claim comprises classifying the medical claim as accepted or classifying the medical claim as rejected and a basis for rejecting the medical claim.

4. (Original) The method of claim 3, wherein the medical claim can be classified as rejected as not covered by the payer.

5. (Original) The method of claim 3, wherein the medical claim can be classified as rejected as exceeding a maximum limit of the target payer.

6. (Original) The method of claim 2, wherein the medical claim can be classified as rejected for requiring further information or an attachment by the target payer.

7. (Original) The method of claim 2, wherein the medical claim can be classified as rejected as including an incorrect combination of charges.

8. (Original) The method of claim 1, wherein the step of directing the medical claim comprises sending the medical claim to the target payer if the medical claim is classified as being accepted.

9. (Original) The method of claim 1, wherein the step of directing the medical claim comprises sending the medical claim back to the provider if the medial claim is classified as being rejected.

10. (Original) The method of claim 1, wherein the step of directing the medical claim comprises automatically modifying the medial claim if the medial claim is classified as being rejected.

11. (Canceled)

12. (Original) The method of claim 1, wherein the training data further comprises domain-specific criteria in a domain knowledge base.

13. (Currently Amended) The method of claim 1, further comprising automatically updating ~~a trained classification model~~ set of trained classifiers associated with a target payer using data derived from final dispositions of medical claims by the target payer.

14. (Original) The method of claim 13, wherein automatically updating is performed continuously.

15. (Original) The method of claim 13, wherein automatically updating is performed periodically.

16. (Canceled)

17. (Currently Amended) The method of claim 1, wherein the ~~classification model~~ set of one or more trained classifiers is trained to analyze one or more of a plurality of different target payers of the health care provider.

18. (Currently Amended) The method of claim 1, wherein the ~~classification model~~ set of one or more trained classifiers is trained to analyze one or more of a plurality of departments of the target payer.

19. (Currently Amended) The method of claim 1, wherein the ~~classification model~~ set of one or more trained classifiers includes a classifier that is unique to ~~the~~ a particular health care provider.

20. (Currently Amended) The method of claim 1, wherein the ~~classification model~~ set of one or more trained classifiers includes a classifier that is unique to ~~the~~ a particular target payer.

21. (Currently Amended) The method of claim 1, wherein the ~~classification model~~ set of one or more trained classifiers includes a classifier that is unique to ~~the~~ a particular healthcare provider/target payer relationship.

22. (Currently Amended) The method of claim 1, wherein the ~~classification model~~ set of one or more trained classifiers includes a classifier that is unique to one or more target payers in a geographical region.

23. (Currently Amended) The method of claim 1, wherein the ~~classification model~~ set of one or more trained classifiers includes a classifier that is unique to a medical domain.

24. (Original) The method of claim 1, wherein the step of automatically classifying the medical claim comprises predicting an expected final compensation for medical claims.

25. (Original) The method of claim 24, wherein the expected final compensation for the medical claims is provided as a distribution of compensations with associated probabilities.

26. (Original) The method of claim 1, wherein the step of automatically classifying further comprises predicting an expected time required to accept medical claims, including an expected time required to provide additional information, or an expected time to modify the medical claims.

27. (Original) The method of claim 26, wherein the expected times are provided as a probability distribution with associated probabilities.

28. (Original) The method of claim 24, wherein the step of automatically classifying further comprises predicting expected times required to accept the medical claims, including an expected time required to provide additional information, or an expected time to modify the medical claims.

29. (Original) The method of claim 28, wherein the expected compensation and times are provided as a probability distribution with associated probabilities.

30. (Currently Amended) A program storage device readable by a machine, tangibly embodying a program of instructions executable on the machine to perform method steps for processing medical information, the method steps comprising:

receiving a medical claim from a health care provider which is to be submitted to a target payer;

automatically classifying the medical claim using ~~a classification model~~ a set of one or more trained classifiers that each of which is trained by a training system using one or more machine learning techniques to predict a disposition of the claim by the target payer using training data that includes previously submitted claims and corresponding outcomes; and

directing the medical claim for further processing based on a classification of the medical claim.

31. (Canceled)

32. (Currently Amended) A method for processing medical information, comprising the steps of:

receiving a plurality of medical claims from a health care provider that are to be submitted to one or more target payers; and

automatically predicting an expected cash flow for each medical claim, or a subset of the medical claims, using a set of one or more ~~classification models~~ trained classifiers that are trained by a training system using one or more machine learning techniques to predict a disposition of the medical claims by the one or more target payers using training data that includes previously submitted claims and corresponding outcomes,

wherein the steps of receiving and predicting are performed by a claims analysis system.

33. (Original) The method of claim 32, wherein automatically predicting an expected cash flow comprises:

predicting an expected compensation for each medical claim;

predicting a resolution time for resolving each medical claim; and

determining the expected cash flow associated with the medical claims by summing the expected compensation and resolution times for the medical claims.